

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

27 1946

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10729

State File No. \_\_\_\_\_

Registrar's No. 677

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town So. Kinloch  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
CARSON & BANGARD /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 26 YRS  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis 96  
(c) City or town So. Kinloch 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. MONROE & LUECH 1  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

WILLIAM DAVIS

3. (b) If veteran,

name war World War II

3. (c) Social Security

No. \_\_\_\_\_

4. Sex Male 2  
5. Color or race Negro  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife LIZZIE DAVIS  
6. (c) Age of husband or wife if alive 28 years  
7. Birth date of deceased 3 (Month) 7 (Day) 1913 (Year)

8. AGE: Years 33 Months \_\_\_\_\_ Days 7  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Raines ARK.  
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business VARIOUS JOBS

MOTHER FATHER {  
12. Name Columbus Davis  
13. Birthplace S GEORGIA  
(City, town, or county) (State or foreign country)  
14. Maiden name Lillian A. Davis  
15. Birthplace ? ARK.  
(City, town, or county) (State or foreign country)

16. (a) Informant LIZZIE DAVIS

(b) Address Baendon & Jones

17. (a) BURIAL (b) Date thereof Feb 22 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Pk.

18. (a) Signature of funeral director Boyd Davis F. Home

(b) Address Lix & Stacey So. Kinloch

19. (a) 3/2/46 (b) E. G. H. Lawrence  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th  
year 1946 hour 2 minute 05 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
(that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Shotgun wound of right side of head <sup>Distraction</sup>

Due to Homicide

Due to \_\_\_\_\_ 166

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy none  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence March 17th 1946

(c) Where did injury occur? So. Kinloch, St. Louis MO  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place Shotgun  
While at work? No (Specify type of place) (e) Means of injury

23. Signature Arnold J. Williams 3 Cover  
Address Clayton Mo. Date signed 3-19-46  
(Dr. B. or other)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

96

9641

MAY 9 1945

APR 1 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*Edward A Flynn*

Registered Apprentice No. *397*

working under my personal supervision.

Signed *James A. Oliver*

Licensed Embalmer No. *3522*

P. O. Address *3704 Trinity Ave*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.